

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF NEW YORK

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name GMB Transport, LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 83-0566757

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

192 S Kingsboro Ave
Gloversville, NY 12078

Number, Street, City, State & ZIP Code

Fulton
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

1282 A Pangburn Road Schenectady, NY 12306
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://www.gmbtransport.net/

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **GMB Transport, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4841

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **GMB Transport, LLC** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District Case number, if known

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|-----------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|-----------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|-----------------------------------------|-----------------------------------------------------|------------------------------------------------------|

Debtor	GMB Transport, LLC	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **GMB Transport, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 26, 2024**
MM / DD / YYYY

X /s/ Scott J. Bornt

Signature of authorized representative of debtor

Scott J. Bornt

Printed name

Title **Chief Executive Officer**

18. Signature of attorney

X /s/ Michael Boyle

Signature of attorney for debtor

Date **October 26, 2024**

MM / DD / YYYY

Michael Boyle

Printed name

Boyle Legal LLC

Firm name

**64 2nd Street
Troy, NY 12180**

Number, Street, City, State & ZIP Code

Contact phone **518-687-1648**

Email address **mike@boylebankruptcy.com**

519211 NY

Bar number and State

Fill in this information to identify the case:

Debtor name **GMB Transport, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 26, 2024**

X /s/ Scott J. Bornt

Signature of individual signing on behalf of debtor

Scott J. Bornt

Printed name

Chief Executive Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **GMB Transport, LLC**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Barbob Properties 1282 Pangburn Rd. Schenectady, NY 12306		Commercial Lease				\$2,900.00
CFG Merchant Solutions, LLC 201 Route 17 North, Suite 805 Rutherford, NJ 07070		Blanket UCC Lien	Disputed	\$32,754.30	\$0.00	\$32,754.30
Comdata AGA 5301 Maryland Way Brentwood, TN 37027						\$2,753.00
Crossroads Equipment Lease & Finance 9385 Haven Ave. Rancho Cucamonga, CA 91730		2025 East Genesis Dump Trailer		\$110,000.00	\$90,000.00	\$20,000.00
D&W Diesel 1503 Clark Street D. Syracuse, NY 13201-9526						\$17,305.46
Daimler Financial 14372 Heritage Pkwy Suite 400 Fort Worth, TX 76177-3300		Truck Unit 97020		\$3,569.82	\$0.00	\$3,569.82
Daimler Financial 14372 Heritage Pkwy Suite 400 Fort Worth, TX 76177-3300		Truck Unit 97019		\$2,746.28	\$0.00	\$2,746.28

Debtor **GMB Transport, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Everest Business Funding 102 W 38th Street New York, NY 10018		Blanket UCC Lien	Disputed	\$50,350.00	\$0.00	\$50,350.00
FleetOne Holdings LLC PO Box 630038 Cincinnati, OH 45263-0038		WEX Credit Card				\$2,909.91
Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346		Q1 and Q2 Payroll Tax				\$18,945.86
MVP Healthcare 625 State St Schenectady, NY 12305						\$23,959.33
New York State Dept. of Tax and Finance Bankruptcy Section PO BOX 5300 Albany, NY 12205-0300		Q2 and Q3 Payroll Tax				\$5,391.30
NYS Thruway Authority 200 Southern Blvd. PO Box 198 Albany, NY 12201-0189		Tolls/EZPass				\$12,600.00
Panthers Capital 157 Church Street – Suit 1971 New Haven, CT 06510		Blanket UCC Lien	Disputed	\$111,000.00	\$0.00	\$111,000.00
Prime Funding Direct LLC 95 Androvette Street Suite 2 Staten Island, NY 10309		Blanket UCC Lien	Disputed	\$84,704.56	\$0.00	\$84,704.56
Quality Leasing 9830 Bauer Dr. Indianapolis, IN 46280		2018 Western Star (Unit 97038) - Currently Not Running		\$75,000.00	\$15,000.00	\$60,000.00

Debtor **GMB Transport, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Quality Leasing 9830 Bauer Dr. Indianapolis, IN 46280		2020 Freightliner Cascadia (Unit 97033)		\$65,000.00	\$40,000.00	\$25,000.00
Quality Leasing 9830 Bauer Dr. Indianapolis, IN 46280		2020 Freightliner SD-122 (Unit No. 97029)		\$70,000.00	\$60,000.00	\$10,000.00
Scott J. Bornt 192 S Kingsboro Ave Gloversville, NY 12078		Wages				\$5,500.00
Simmons Bank 17901 Chenel Pkwy Little Rock, AR 72223		2016 International Lonestar		\$46,000.00	\$20,000.00	\$26,000.00

Fill in this information to identify the case:

Debtor name **GMB Transport, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 361,305.14
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 361,305.14

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 681,124.96
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 38,137.16
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 73,108.94
4. Total liabilities Lines 2 + 3a + 3b	\$ 792,371.06

Fill in this information to identify the case:Debtor name **GMB Transport, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$100.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

4. Other cash equivalents (Identify all)**4.1. International Fuel Tax Agreement - Refund Due****\$310.81****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$410.81**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. NBT Checking No. 8042 (Operating Acct.) as of 10/26/2024 (Overdrawn \$3,955.88)**\$0.00****7.2. NBT Checking No. 8069 (Payroll Acct.) as of 10/26/2024****\$14,685.33**

Debtor GMB Transport, LLC Case number (If known) _____
Name

7.3. NBT Savings Acct. as of 10/26/24 \$8.00

7.4. Commercial Lease Security Deposit \$2,500.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$17,193.33

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 86,800.00 - 0.00 = \$86,800.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$86,800.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials oil, grease guns, grease, minor truck parts (wipers, hoses, clamps, etc.)		<u>\$0.00</u>		<u>\$500.00</u>

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

Debtor **GMB Transport, LLC** Case number (If known) _____
Name

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$500.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Desks, Chairs, Tables, Filing Cabinets, bookcase	\$0.00		\$200.00
40.	Office fixtures Portable a/c unit, space heaters, fans, microwave, coffee pot, TV	\$0.00		\$200.00
41.	Office equipment, including all computer equipment and communication systems equipment and software 2 monitors, 2 laptops, printer	\$0.00		\$500.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$900.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

Debtor GMB Transport, LLC Case number (If known) _____
Name

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2020 Freightliner SD-122 (Unit No. 97029)	\$0.00		\$60,000.00
47.2.	2025 East Genesis Dump Trailer	\$0.00		\$90,000.00
47.3.	2021 MAC Pneumatic Trailer (LEASED)	\$0.00		\$0.00
47.4.	2019 Freightliner Cascadia (Unit No. 97017)	\$0.00		\$30,000.00
47.5.	2020 Freightliner Cascadia (Unit 97033)	\$0.00		\$40,000.00
47.6.	2018 Western Star (Unit 97038) - Currently Not Running	\$0.00		\$15,000.00
47.7.	2016 International Lonestar	\$0.00		\$20,000.00
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Assorted tools (air compressor, hand and power tools, jacks, tool boxes, fans)	\$0.00		\$500.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$255,500.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor GMB Transport, LLC Case number (If known) _____
Name

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <u>Pangburn Road</u>	<u>Leasehold</u>	<u>\$0.00</u>		<u>\$0.00</u>

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>gmbtransport.net</u>	<u>\$0.00</u>		<u>\$1.00</u>

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$1.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

Debtor **GMB Transport, LLC** Case number (If known) _____
Name

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor GMB Transport, LLC Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$410.81	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$17,193.33	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$86,800.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$500.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$900.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$255,500.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$1.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$361,305.14	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$361,305.14

Fill in this information to identify the case:

Debtor name **GMB Transport, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	CFG Merchant Solutions, LLC <small>Creditor's Name</small> 201 Route 17 North, Suite 805 Rutherford, NJ 07070 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number UNKN Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Blanket UCC Lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$32,754.30	\$0.00

2.2	Crossroads Equipment Lease & Finance <small>Creditor's Name</small> 9385 Haven Ave. Rancho Cucamonga, CA 91730 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number UNKN	Describe debtor's property that is subject to a lien 2025 East Genesis Dump Trailer Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$110,000.00	\$90,000.00
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Debtor **GMB Transport, LLC**

Name

Case number (if known)

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Daimler Financial**

Creditor's Name

14372 Heritage Pkwy Suite 400**Fort Worth, TX 76177-3300**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****3001****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****\$2,746.28****\$0.00****Truck Unit 97019****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Daimler Financial**

Creditor's Name

14372 Heritage Pkwy Suite 400**Fort Worth, TX 76177-3300**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****3001****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****\$3,569.82****\$0.00****Truck Unit 97020****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Everest Business Funding**

Creditor's Name

**102 W 38th Street
New York, NY 10018**

Creditor's mailing address

Describe debtor's property that is subject to a lien**\$50,350.00****\$0.00****Blanket UCC Lien****Describe the lien**

Debtor **GMB Transport, LLC**

Name

Case number (if known)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

UNKN

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.6 MAD Trailer Leasing**

Creditor's Name

**14504 Commerce Street NE
Alliance, OH 44601**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

UNKN

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2021 MAC Pneumatic Trailer (LEASED)**\$0.00****\$0.00**

Describe the lien

Lease

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Panthers Capital**

Creditor's Name

**157 Church Street – Suit
1971****New Haven, CT 06510**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

UNKN

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Blanket UCC Lien**\$111,000.00****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Case number (if known)

2.8	Prime Funding Direct LLC Creditor's Name 95 Androvette Street Suite 2 Staten Island, NY 10309 Creditor's mailing address	Describe debtor's property that is subject to a lien Blanket UCC Lien	\$84,704.56	\$0.00
	Creditor's email address, if known	Describe the lien		
	Date debt was incurred	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number UNKN	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

2.9	Quality Leasing Creditor's Name 9830 Bauer Dr. Indianapolis, IN 46280 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 4083 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2019 Freightliner Cascadia (Unit No. 97017) Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30,000.00	\$30,000.00
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2.1 0	Quality Leasing <hr/> Creditor's Name 9830 Bauer Dr. Indianapolis, IN 46280 <hr/> Creditor's mailing address <hr/> Creditor's email address, if known <hr/> Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien 2020 Freightliner SD-122 (Unit No. 97029) <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$70,000.00 <hr/>	\$60,000.00 <hr/>
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Debtor **GMB Transport, LLC**

Name

Case number (if known)

1905**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
1**Quality Leasing**

Creditor's Name

**9830 Bauer Dr.
Indianapolis, IN 46280**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****1906****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****2020 Freightliner Cascadia (Unit 97033)****\$65,000.00****\$40,000.00****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
2**Quality Leasing**

Creditor's Name

**9830 Bauer Dr.
Indianapolis, IN 46280**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****1278****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****2018 Western Star (Unit 97038) - Currently Not Running****\$75,000.00****\$15,000.00****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
3**Simmons Bank**

Creditor's Name

**17901 Chenel Pkwy
Little Rock, AR 72223****Describe debtor's property that is subject to a lien****2016 International Lonestar****\$46,000.00****\$20,000.00**

Debtor **GMB Transport, LLC**

Case number (if known)

Name

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

3688

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$681,124.96

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **GMB Transport, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Geri Mondlin-Bornt 192 S. Kingsboro Ave. Gloversville, NY 12078</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number NA</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$750.00	\$750.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number UNKN</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Q1 and Q2 Payroll Tax</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$18,945.86	\$18,945.86

Debtor	GMB Transport, LLC	Case number (if known)	
	Name		

2.3	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred	Basis for the claim: 2023 Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Joseph Riley 4621 Duaneburg Rd. Duaneburg, NY 12056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,275.00	\$2,275.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Matthew Smith 37 Birch Street West Sand Lake, NY 12196	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,400.00	\$1,400.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Nattiece Taylor 1526 3rd Ave, Apt. 2 Schenectady, NY 12303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$100.00	\$100.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	GMB Transport, LLC Name	Case number (if known)
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2.7	Priority creditor's name and mailing address New York State Dept. of Tax and Finance Bankruptcy Section PO BOX 5300 Albany, NY 12205-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,391.30	\$5,391.30
	Date or dates debt was incurred Last 4 digits of account number UNKN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Q2 and Q3 Payroll Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address New York State Dept. of Tax and Finance Bankruptcy Section PO BOX 5300 Albany, NY 12205-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number UNKN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2023 Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Ralph Polk 620 Mercer Street Albany, NY 12208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,425.00	\$1,425.00
	Date or dates debt was incurred Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Scott J. Bornt 192 S Kingsboro Ave Gloversville, NY 12078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,500.00	\$5,500.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	GMB Transport, LLC		Case number (if known)
	Name		

2.11	Priority creditor's name and mailing address Scott J. Bornt II 14 Bayberry Dr Castleton on Hudson, NY 12033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,000.00	\$1,000.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Stephen G. Bornt 14 Bayberry Dr. Castleton on Hudson, NY 12033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,350.00	\$1,350.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address Anthem Insurance Penn 1 35th Fl New York, NY 10119 Date(s) debt was incurred ____ Last 4 digits of account number <u>2583</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$502.46	
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3.2	Nonpriority creditor's name and mailing address AT&T 208 S. Akard St. Dallas, TX 75202 Date(s) debt was incurred ____ Last 4 digits of account number <u>0299</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$537.91	
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3.3	Nonpriority creditor's name and mailing address Barbob Properties 1282 Pangburn Rd. Schenectady, NY 12306 Date(s) debt was incurred ____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commercial Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00	
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Debtor Name	Case number (if known)
GMB Transport, LLC	
3.4 Nonpriority creditor's name and mailing address Comdata AGA 5301 Maryland Way Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number <u>9949</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,753.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5 Nonpriority creditor's name and mailing address D&W Diesel 1503 Clark Street D. Syracuse, NY 13201-9526 Date(s) debt was incurred ____ Last 4 digits of account number <u>6620</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,305.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address EZDriveMA Tunnel Administration Building 145 Havre St Boston, MA 02128 Date(s) debt was incurred ____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$77.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address FleetOne Holdings LLC PO Box 630038 Cincinnati, OH 45263-0038 Date(s) debt was incurred ____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,909.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WEX Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8 Nonpriority creditor's name and mailing address GEVA Accounting 17 Industrial Pkwy Gloversville, NY 12078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax Services Render</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9 Nonpriority creditor's name and mailing address Hillman Properties 1402 Route 9 Fort Edward, NY 12828 Date(s) debt was incurred ____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address Intuit Inc. Attn: Legal Dept. 2632 Marine Way, MS2700 Mountain View, CA 94039 Date(s) debt was incurred ____ Last 4 digits of account number <u>1036</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$209.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Quickbooks Subscription</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	GMB Transport, LLC Name _____	Case number (if known) _____
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3.11	Nonpriority creditor's name and mailing address J. J. Keller & Associates, Inc. 3003 Breezewood Ln Neenah, WI 54956 Date(s) debt was incurred _____ Last 4 digits of account number <u>9702</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,090.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address MVP Healthcare 625 State St Schenectady, NY 12305 Date(s) debt was incurred _____ Last 4 digits of account number <u>5260</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,959.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address National Grid 300 Erie Blvd West, Syracuse, NY 13202-0960 Date(s) debt was incurred _____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$472.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address New York State Dept. of Tax and Finance Bankruptcy Section PO BOX 5300 Albany, NY 12205-0300 Date(s) debt was incurred _____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,639.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Highway Use Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address New York State Insurance Fund 1 Watervliet Ave Ext Albany, NY 12206 Date(s) debt was incurred _____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address NJ Turnpike Authority PO Box 5042 Woodbridge, NJ 07095-5042 Date(s) debt was incurred _____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$589.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address NYS Thruway Authority 200 Southern Blvd. PO Box 198 Albany, NY 12201-0189 Date(s) debt was incurred _____ Last 4 digits of account number <u>UNKN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tolls/EZPass</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **GMB Transport, LLC** Case number (if known) _____
Name

3.18 Nonpriority creditor's name and mailing address **Spectrum Business**
400 Washington Blvd
Stamford, CT 06902
Date(s) debt was incurred _____
Last 4 digits of account number **0465**
As of the petition filing date, the claim is: *Check all that apply.* **\$405.55**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address **Unified Carrier Registraton Plan**
1200 New Jersey Avenue SE
Washington, DC 20590
Date(s) debt was incurred _____
Last 4 digits of account number **UNKN**
As of the petition filing date, the claim is: *Check all that apply.* **\$284.20**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.20 Nonpriority creditor's name and mailing address **Unifirst**
157 Troy-Schenectady Rd
Date(s) debt was incurred _____
Last 4 digits of account number **8320**
As of the petition filing date, the claim is: *Check all that apply.* **\$1,543.37**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.21 Nonpriority creditor's name and mailing address **United Healthcare Group Inc.**
9700 Health Care Lane
Hopkins, MN 55343
Date(s) debt was incurred _____
Last 4 digits of account number **7817**
As of the petition filing date, the claim is: *Check all that apply.* **\$28.89**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **38,137.16**

5b. + \$ **73,108.94**

5c. \$ **111,246.10**

Fill in this information to identify the case:

Debtor name **GMB Transport, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Trucking contract**

State the term remaining

List the contract number of any government contract _____

**ADM
77 W Wacker Drive Suite 4500
Chicago, IL 60601**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Trucking Contract**

State the term remaining

List the contract number of any government contract _____

**Cranesville Block Co. Inc.
774 State Highway 5s
Amsterdam, NY 12010**

Fill in this information to identify the case:

Debtor name GMB Transport, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name **GMB Transport, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From **1/01/2024** to **Filing Date**

Sources of revenue

Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue

(before deductions and exclusions)

\$1,200,000.00

For prior year:

From **1/01/2023** to **12/31/2023**

☐ Operating a business

☒ Other **Trucking**

\$2,027,753.98

For year before that:

From **1/01/2022** to **12/31/2022**

☐ Operating a business

☒ Other **Trucking**

\$1,117,129.97

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount

Debtor **GMB Transport, LLC**

Case number (if known) _____

may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
------------------------------------------------------	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Debtor **GMB Transport, LLC**

Case number (if known) _____

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Damage to Tractor Trailer (2016 International)	\$15000.00. Used to repair unit. Claim Closed	12/2023	\$0.00

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Tayne Law Group, P.C. 135 Pinelawn Rd Suite 250N Melville, NY 11747	Settlement Consultation Services		\$2,500.00
Email or website address _____			
Who made the payment, if not debtor? _____			
11.2. CDA	Credit Consolidaiton Services		\$3,500.00
Email or website address _____			
Who made the payment, if not debtor? _____			
11.3. Boyle Legal LLC	Bankruptcy Retainer	10/18/2024	\$15,000.00
Email or website address _____			
Who made the payment, if not debtor? Scott Bornt			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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Debtor **GMB Transport, LLC**

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

Paychex

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

☒ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **GMB Transport, LLC**

Case number (if known) _____

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. NBT	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Checking (Operating Acct.)</u>	Closed 6/2024 due to identity theft issue	Unknown
18.2. NBT	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Checking (Payroll Acct.)</u>	Closed 6/2024 due to identity theft issue	Unknown
18.3. NBT	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Business Savings Acct.</u>	Closed 6/2024 due to identity theft issue.	Unknown

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
-----------------------------------------	-------------------------------------------	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **GMB Transport, LLC**

Case number (if known) _____

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	----------------------------------------------------------------------------------------------------------------

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
------------------	----------------------------

26a.1. **GFVA Accounting**

26a.2. **Gerri Mondlin-Bornt**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement

Debtor **GMB Transport, LLC**

Case number (if known)

within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

Scott Bornt

Sole Member

100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

30.1

Scott Bornt

Weekly (Last paid approx. August 2024).

Ongoing Salary - \$1,000/week.

Relationship to debtor
Sole Member

Debtor **GMB Transport, LLC**

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Gerri Mondlin-Bornt		Weekly	Ongoing Salary. \$250/weekly
	Relationship to debtor Owner's Wife			
30.3	Scott Bornt II		Weekly	Ongoing Salary. \$1000/weekly.
	Relationship to debtor Owner's Son			
30.4	Steven Bornt		Weekly	Varies - \$1200-\$2400/week depending on work.
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 26, 2024**

/s/ Scott J. Bornt

Signature of individual signing on behalf of the debtor

Scott J. Bornt

Printed name

Position or relationship to debtor **Chief Executive Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
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In re **GMB Transport, LLC**

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Case No.

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DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	0.00
Prior to the filing of this statement I have received	\$	0.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f); plan preparation and confirmation; valuation hearings; representation of the debtors in any dischargeability actions or any other adversary proceeding.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Any non-Bankruptcy legal services unless otherwise agreed upon and approved by the Court through proper application to employ.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 26, 2024

Date

/s/ Michael Boyle

Michael Boyle

Signature of Attorney

Boyle Legal LLC

64 2nd Street

Troy, NY 12180

518-687-1648 Fax: 518-516-5075

mike@boylebankruptcy.com

Name of law firm

**United States Bankruptcy Court
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LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
---------------------------------------------------------------	----------------	----------------------	------------------

-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Chief Executive Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **October 26, 2024**

Signature **/s/ Scott J. Bornt**
Scott J. Bornt

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**UNITED STATES BANKRUPTCY COURT
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Debtor

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Social Security No(s). and all Employer's Tax Identification No(s). *[if any]*
83-0566757

CERTIFICATION OF MAILING MATRIX

I,(we), **Michael Boyle** , the attorney for the debtor/petitioner (or, if appropriate, the debtor(s) or petitioner(s)) hereby certify under the penalties of perjury that the above/attached mailing matrix has been compared to and contains the names, addresses and zip codes of all persons and entities, as they appear on the schedules of liabilities/list of creditors/list of equity security holders, or any amendment thereto filed herewith.

Dated: **October 26, 2024**

/s/ Michael Boyle

Michael Boyle

Attorney for Debtor/Petitioner
(Debtor(s)/Petitioner(s))

ADM
77 W Wacker Drive Suite 4500
Chicago, IL 60601

Anthem Insurance
Acct No 2583
Penn 1 35th Fl
New York, NY 10119

AT&T
Acct No 0299
208 S. Akard St.
Dallas, TX 75202

Barbob Properties
Acct No UNKN
1282 Pangburn Rd.
Schenectady, NY 12306

CFG Merchant Solutions, LLC
Acct No UNKN
201 Route 17 North, Suite 805
Rutherford, NJ 07070

Comdata AGA
Acct No 9949
5301 Maryland Way
Brentwood, TN 37027

Cranesville Block Co. Inc.
774 State Highway 5s
Amsterdam, NY 12010

Crossroads Equipment Lease & Finance
Acct No UNKN
9385 Haven Ave.
Rancho Cucamonga, CA 91730

D&W Diesel
Acct No 6620
1503 Clark Street D.
Syracuse, NY 13201-9526

Daimler Financial
Acct No 3001
14372 Heritage Pkwy Suite 400
Fort Worth, TX 76177-3300

Everest Business Funding
Acct No UNKN
102 W 38th Street
New York, NY 10018

EZDriveMA
Acct No UNKN
Tunnel Administration Building
145 Havre St
Boston, MA 02128

FleetOne Holdings LLC
Acct No UNKN
PO Box 630038
Cincinnati, OH 45263-0038

Geri Mondlin-Bornt
Acct No NA
192 S. Kingsboro Ave.
Gloversville, NY 12078

GEVA Accounting
17 Industrial Pkwy
Gloversville, NY 12078

Hillman Properties
Acct No UNKN
1402 Route 9
Fort Edward, NY 12828

Internal Revenue Service
Acct No UNKN
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101-7346

Intuit Inc.
Acct No 1036
Attn: Legal Dept.
2632 Marine Way, MS2700
Mountain View, CA 94039

J. J. Keller & Associates, Inc.
Acct No 9702
3003 Breezewood Ln
Neenah, WI 54956

Joseph Riley
Acct No NA
4621 Duanesburg Rd.
Duanesburg, NY 12056

MAD Trailer Leasing
Acct No UNKN
14504 Commerce Street NE
Alliance, OH 44601

Matthew Smith
Acct No NA
37 Birch Street
West Sand Lake, NY 12196

MVP Healthcare
Acct No 5260
625 State St
Schenectady, NY 12305

National Grid
Acct No UNKN
300 Erie Blvd West,
Syracuse, NY 13202-0960

Nattiece Taylor
Acct No NA
1526 3rd Ave, Apt. 2
Schenectady, NY 12303

New York State Dept. of Tax and Finance
Acct No UNKN
Bankruptcy Section
PO BOX 5300
Albany, NY 12205-0300

New York State Insurance Fund
Acct No UNKN
1 Watervliet Ave Ext
Albany, NY 12206

NJ Turnpike Authority
Acct No UNKN
PO Box 5042
Woodbridge, NJ 07095-5042

NYS Thruway Authority
Acct No UNKN
200 Southern Blvd.
PO Box 198
Albany, NY 12201-0189

Panthers Capital
Acct No UNKN
157 Church Street - Suit 1971
New Haven, CT 06510

Prime Funding Direct LLC
Acct No UNKN
95 Androvette Street
Suite 2
Staten Island, NY 10309

Quality Leasing
Acct No 4083
9830 Bauer Dr.
Indianapolis, IN 46280

Quality Leasing
Acct No 1905
9830 Bauer Dr.
Indianapolis, IN 46280

Quality Leasing
Acct No 1906
9830 Bauer Dr.
Indianapolis, IN 46280

Quality Leasing
Acct No 1278
9830 Bauer Dr.
Indianapolis, IN 46280

Ralph Polk
Acct No NA
620 Mercer Street
Albany, NY 12208

Scott J. Bornt
192 S Kingsboro Ave
Gloversville, NY 12078

Scott J. Bornt II
14 Bayberry Dr
Castleton on Hudson, NY 12033

Simmons Bank
Acct No 3688
17901 Chenel Pkwy
Little Rock, AR 72223

Spectrum Business
Acct No 0465
400 Washington Blvd
Stamford, CT 06902

Stephen G. Bornt
14 Bayberry Dr.
Castleton on Hudson, NY 12033

Unified Carrier Registraton Plan
Acct No UNKN
1200 New Jersey Avenue SE
Washington, DC 20590

Unifirst
Acct No 8320
157 Troy-Schenectady Rd

United Healthcare Group Inc.
Acct No 7817
9700 Health Care Lane
Hopkins, MN 55343

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **GMB Transport, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

October 26, 2024

Date

/s/ Michael Boyle

Michael Boyle

Signature of Attorney or Litigant
Counsel for **GMB Transport, LLC**

Boyle Legal LLC

**64 2nd Street
Troy, NY 12180
518-687-1648 Fax:518-516-5075
mike@boylebankruptcy.com**